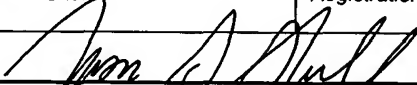


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MODIFIED PTO/SB/05 (03-01)

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Attorney Docket No. 05123.00026	
		First Inventor	Rud Istvan
		Title	Electrode Connector
		Express Mail Label No.	EV 305249447US
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, Virginia 22313-1450	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages <input]<br="" type="text" value="11"/><small>(preferred arrangement set forth below)</small></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input]<br="" type="text" value="6"/>a. <input type="checkbox"/> Formal; or b. <input checked="" type="checkbox"/> Informal</div> <div>5. Oath or Declaration [Total Pages <input type="text"/> a. <input type="checkbox"/> Newly executed (original or copy); or b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 <input type="text"/></div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</div> <div style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</div> <div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <small><i>(when there is an assignee)</i></small> Attorney</div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small><i>(Should be specifically itemized)</i></small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small><i>(if foreign priority is claimed)</i></small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other: _____</div>	
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____ Prior application information: Examiner _____ Group / Art Unit: _____</div> <div>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>			
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="22908"/> <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Jason S. Shull Banner & Witcoff, Ltd.		
Address	10 South Wacker Drive, Suite 3000		
City	Chicago	State	IL
Country	USA	Telephone	312/364-5000
		Fax	312/715-1234
Name (Print/Type)	Jason S. Shull	Registration No. (Attorney/Agent)	47,085
Signature		Date	7/3/03

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Applied For</td> </tr> <tr> <td>Filing Date</td> <td>July 3, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Rud Istvan</td> </tr> <tr> <td>Examiner Name</td> <td>N/A</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>005123.00026</td> </tr> </table>		Application Number	Applied For	Filing Date	July 3, 2003	First Named Inventor	Rud Istvan	Examiner Name	N/A	Art Unit	N/A	Attorney Docket No.	005123.00026
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TOTAL AMOUNT OF PAYMENT (\$) 750															

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account: <div style="margin-top: 5px;"> Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, Ltd. </div> <p style="font-size: small;">The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					FEE CALCULATION (continued)																																																																																																																																																																																																																																																
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1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																																																	
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																	
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																																	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																	
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Jason S. Shull	Registration No. Attorney/Agent	47,085	Telephone	312/463-5000
Signature				Date	July 3, 2003

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By: 
(person *actually* depositing)

Patent Application of: GMP Wireless Medicine, Inc.
Attorney Docket: 05123.00027
Title: ELECTRODE CONNECTOR

- 1 sheet PTO Form 1382
- 6 sheets PCT Request EASY
- 1/1 EASY Diskette
- 2 sheets PCT Fee Calculation Sheet
- 6 sheets Description
- 1 sheet Claims 1-13
- 1 sheet Abstract
- 6 sheets Formal Drawings 1-10
- Return Postcard